



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-361-2930

Trichinosis

County _____

LHJ Use ID _____

☐ Reported to DOH Date ____/____/____

LHJ Classification ☐ Confirmed
☐ Probable

By: ☐ Lab ☐ Clinical
☐ Other: _____

Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____

Date Received ____/____/____

DOH Classification

☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ **Swollen eyelids**

☐ ☐ ☐ ☐ Eyes sensitive to light (photophobia)

☐ ☐ ☐ ☐ Sweating

☐ ☐ ☐ ☐ Chills

☐ ☐ ☐ ☐ Thirst

☐ ☐ ☐ ☐ Prostration

☐ ☐ ☐ ☐ Malaise

☐ ☐ ☐ ☐ Weakness/fatigue

☐ ☐ ☐ ☐ Abdominal cramps or pain

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Periorbital edema**

☐ ☐ ☐ ☐ Ocular hemorrhages (subconjunctival, subungual, retinal)

☐ ☐ ☐ ☐ Photophobia

☐ ☐ ☐ ☐ Remittent fever

☐ ☐ ☐ ☐ Cardiac complications

☐ ☐ ☐ ☐ Neurological complications

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness

Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy

Laboratory

Collection date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Eosinophilia

☐ ☐ ☐ ☐ **Demonstration of non-calcified larvae of cysts of *Trichinella spiralis* on muscle biopsy**

☐ ☐ ☐ ☐ **Elevated titer for *T. spiralis***

☐ ☐ ☐ ☐ *T. spiralis* larvae in suspect foods

NOTES

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count backward to
calculate probable
exposure period

Days from
onset:

Exposure period

-45 -5

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Pork

☐ Wild boar, any cut ☐ Sausage ☐ Chops

☐ Roast ☐ Ham ☐ Bacon

☐ Other pork: _____ ☐ Unk

Date consumed: ____/____/____

Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA

Where obtained: ☐ Grocery ☐ Butcher shop

☐ Restaurant ☐ Farm ☐ Hunted/trapped

☐ Other: _____ ☐ Unk

Preparation after purchase:

☐ No further processing ☐ Ground ☐ Smoked

☐ Dried jerky ☐ Marinated ☐ Cooked

☐ Other: _____ ☐ Unk

Method of cooking: ☐ Uncooked

☐ Fried ☐ Open-Fire Roasting

☐ Other cooking: _____ ☐ Unk

Y N DK NA

☐ ☐ ☐ ☐ Other meat

☐ Hamburger ☐ Horse meat ☐ Bear meat

☐ Arctic mammal Type: _____

☐ Other wild game: _____ ☐ Unk

Date consumed: ____/____/____

Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA

Where obtained: ☐ Grocery ☐ Butcher shop

☐ Restaurant ☐ Farm ☐ Hunted/trapped

☐ Other: _____ ☐ Unk

Preparation after purchase:

☐ No further processing ☐ Ground ☐ Smoked

☐ Dried jerky ☐ Marinated ☐ Cooked

☐ Other: _____ ☐ Unk

Method of cooking: ☐ Uncooked

☐ Fried ☐ Open-Fire Roasting

☐ Other cooking: _____ ☐ Unk

☐ ☐ ☐ ☐ Handled raw meat

☐ ☐ ☐ ☐ Occupational exposure

☐ ☐ ☐ ☐ Hunter

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

☐ Education provided

☐ Restaurant inspection

☐ Initiate traceback investigation

☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____